



TH 1642

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, with sufficient postage, in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450, on the below date:

BRINKS
HOFER
GILSON
& LIONE

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Appln. of Chakrabarty et al.

Appln. No.: 10/047,710

Filed: January 15, 2002

For: Cytotoxic Factors for Modulating Cell Death

Attorney Docket No: 11472/3

Examiner: Misook Yu

Art Unit: 1642

**Mail Stop Amendment
Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450**

TRANSMITTAL

Sir.

Attached is/are:

- Amendment and Request for Reconsideration ; Declaration
 Return Receipt Postcard

Fee calculation:

- No additional fee is required.

Small Entity.

An extension fee in an amount of \$ _____ for a _____-month extension of time under 37 C.F.R. § 1.136(a).

A petition or processing fee in an amount of \$ _____ under 37 C.F.R. § 1.17(____).

An additional filing fee has been calculated as shown below:

								Small Entity		Not a Small Entity
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee	or	Rate	Add'l Fee	
Total		Minus			x \$25=			x \$50=		
Indep.		Minus			x 100=			x \$200=		
First Presentation of Multiple Dep. Claim					+\$180=			+\$360=		
					Total	\$		Total	\$	

Fee payment:

- A check in the amount of \$_____ is enclosed.
 - Please charge Deposit Account No. 23-1925 in the amount of \$_____. A copy of this Transmittal is enclosed for this purpose.
 - Payment by credit card in the amount of \$_____ (Form PTO-2038 is attached).
 - The Director is hereby authorized to charge payment of any additional filing fees required under 37 CFR § 1.16 and any patent application processing fees under 37 CFR § 1.17 associated with this paper (including any extension fee required to ensure that this paper is timely filed), or to credit any overpayment, to Deposit Account No. 23-1925.

Respectfully submitted,

August 5, 2005

John Murray Ph.D. (Reg. No. 44-251)



TW 1642

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Date: August 5, 2005 Name: John Murray Signature: John Murray

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					Rate	Add'l Fee	or	Rate	Add'l Fee
Total		Minus			x \$25=			x \$50=	
Indep.		Minus			x 100=			x \$200=	
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Respectfully submitted,

John Murray

John Murray, Ph.D. (Reg. No. 44,251)

Date

August 5, 2005

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2001

Application or Docket Number

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS	35	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	35 minus 20 =	* 15
INDEPENDENT CLAIMS	2 minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

2/20/04 CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 39	Minus	** 35 = 4
Independent	* 3	Minus	*** 3 = —
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY TYPE OR OTHER THAN SMALL ENTITY

RATE	FEES	RATE	FEES
BASIC FEE	370.00	OR BASIC FEE	740.00
X\$ 9=		OR X\$18=	
X42=		OR X84=	
+140=		OR +280=	
TOTAL		OR TOTAL	

SMALL ENTITY OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=	36.00	OR X\$18=	
X42=	—	OR X84=	
+140=	—	OR +280=	
TOTAL ADDIT. FEE	36.00	OR TOTAL ADDIT. FEE	

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 6	Minus	** 39 = —
Independent	* 1	Minus	*** 3 = —
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		OR X\$18=	
X42=		OR X84=	
+140=		OR +280=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 10	Minus	** 39 = —
Independent	* 11	Minus	*** 3 = —
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		OR X\$18=	
X42=		OR X84=	
+140=		OR +280=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.